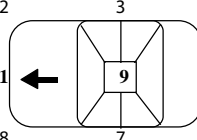
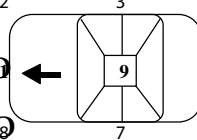


Police Use Only			Commonwealth of Massachusetts										RMV Document Number				
Date of Crash 06/04/2019		Time of Crash 08:25 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:									
NORTH GROVE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ CENTRAL ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____						Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000572											
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>VINITSKY</u> <u>ARIEL</u> _____ Address <u>133 BEACONSFIELD RD</u> City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02445</u> Insurance Company <u>COMMERCE</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # <u>8ZBF80</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2008</u> Veh Make <u>NISS</u> Veh Config. <u>1</u> <u>20</u> Owner <u>VINITSKY</u> <u>IDAN</u> _____ Address <u>37 WAVERLY RD</u> City <u>BROOKLINE</u> State <u>MA</u> Zip <u>02445</u> Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u> 											
Please fill out for operator and all occupants involved						13											
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility						Operator See Above ----- --- 1 4 4 0 0 9 2											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						1											
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>CARBONE</u> <u>ANGELO</u> _____ Address <u>55 LINDEN STREET</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149</u> Insurance Company <u>SAFETY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # <u>17LP15</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2015</u> Veh Make <u>HOND</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>4</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u> 											
Please fill out for operator and all occupants involved						13											
Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility						Operator/Non-Motorist See Above ----- --- 1 4 4 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Central Street

Grove Street

Unit 1

Unit 2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

The operator of MV#1 stated that she was stopped in the intersection on Grove St (north) at Central St attempting to make a left hand turn when her MV was rear ended from behind.

The operator of MV#2 stated that he was also on Grove St directly behind MV#1 and observed that she was attempting to make a left hand turn, but states he misjudged her turn and rear ended her MV.

Operator of MV#1 transported to the hospital for minor injuries and her MV was towed by Tody's.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code